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|------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------|--------------------|
| <b>GUILFORD COUNTY<br/>DEPARTMENT OF PUBLIC<br/>HEALTH</b> |                                                                                       | <b>GUIDELINE<br/>PROCEDURE</b>        | <b>MANUAL:</b> Agency<br><b>SUBJECT:</b> Pharmacy Services |                    |
| <b>NAME OF GUIDELINE</b>                                   | <b>NUMBER</b>                                                                         | <b>EFFECTIVE DATE</b>                 | <b>REVISION</b>                                            | <b>PAGE 1 of 3</b> |
| In-house Pharmacy Services                                 | C-1                                                                                   | 3/1/2013                              | 4/2016                                                     |                    |
|                                                            | <b>PREPARED BY:</b><br>Allied Health, Clinic<br>Program Manager &<br>Pharmacy Manager | <b>APPROVED BY:</b><br>Executive Team | <b>DATE LAST REVIEWED:</b><br>4/2016                       |                    |

1.0 **Guideline:**

The Guilford County Department of Public Health currently has two pharmacy locations that provide Pharmacy services to Public Health eligible patients.

2.0 **Divisions Affected:**

- 2.1 Any clinic seeking to prescribe a medication that will be dispensed from a Guilford County Department of Public Health Pharmacy.
- 2.2 Pharmacy dispensing sites.

3.0 **Definitions:**

- 3.1 UHC - United Healthcare
- 3.2 BCBS - Blue Cross Blue shield
- 3.3 MFP - Medicaid Family Planning Waiver
- 3.4 MCA - Medicaid Carolina Access
- 3.5 MPW - Pregnant women Medicaid
- 3.6 PO - Presumptive Medicaid
- 3.7 MDO - Medicaid (Full Coverage)

4.0 **Procedure:**

4.1 **Responsibilities**

- 4.1.1 **Registration Staff** It is the responsibility of the registration staff to complete the Payment Information and Pharmacy section on the EMR Routing Sheet.
  - 4.1.1.1 **Family Planning services** -clinical and pharmacy services will reflect the same payment documentation in both sections as follows:
    - 4.1.1.1.1 Free -
    - 4.1.1.1.2 Self Pay - sliding fee scale 20%, 40%, 60%, 80%, or 100%
    - 4.1.1.1.3 Insurance - UHC, BCBS or Other and sliding fee scale – i.e. BCBS/20%
    - 4.1.1.1.4 Medicaid - (MFP, MCA, MPW, PO, MDO)
  - 4.1.2 **STD services** - clinical services will be free or a Medicaid type and pharmacy services will be 100% (eligibility isn't performed when individuals are scheduled for STD clinic visits)
    - ~~4.1.1.4 STD Formulary Medications will always be 0%.~~
- 4.1.2 **Clinic :** It is the responsibility for the clinic staff to:
  - 4.2.1 Generate a prescription, either electronically or written, for medication(s) prescribed that is (are) to be filled by the on-site pharmacy. Each prescription must indicate which clinic the individual was seen in and their payment/eligibility information in the upper right hand corner of the paper prescription if written. In addition, patient allergy information should be included on each prescription.
    - 4.2.1.1 Prescriptions will not be written for oral contraceptives/Plan B in the STD Clinic. The client will be referred to the Family Planning Clinic for services.
    - 4.2.1.2 Send Medicaid verification paperwork with the client with client instructions to give the paperwork to the pharmacy staff if they are having the prescription filled on-site.
    - 4.2.1.3 Keep all emergency and night carts locked at all times.
    - 4.2.1.4 Understand that a client has the choice of which pharmacy they chose to fill their prescriptions and should always ask the clients their preference.

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| GUILFORD COUNTY<br>DEPARTMENT OF PUBLIC<br>HEALTH   |                                                                                | GUIDELINE<br>PROCEDURE         |  | MANUAL: Agency<br>SUBJECT: Pharmacy Services |             |
| NAME OF GUIDELINE<br><br>In-house Pharmacy Services | NUMBER<br>C-1                                                                  | EFFECTIVE DATE<br><br>3/1/2013 |  | REVISION<br>4/2016                           | PAGE 2 of 3 |
|                                                     | PREPARED BY:<br>Allied Health, Clinic<br>Program Manager &<br>Pharmacy Manager | APPROVED BY:<br>Executive Team |  | DATE LAST REVIEWED:<br>4/2016                |             |

4.2.1.5 Alert administration of any suspected miss-use of funds or prescription utilization.

4.2.2 **Pharmacy Staff:** It is the responsibility of the pharmacy staff to:

- 4.2.2.1 Monitor and keep an inventory of all drugs dispensed from their department. Separate inventories are required for each funding source.
- 4.2.2.2 Maintain an adequate supply of drugs based on an agreed formulary. Changes to the formulary must be communicated and agreed upon by all parties.
- 4.2.2.3 Provide drug-related information services to clinic personnel as needed.
- 4.2.2.4 Dispense covered drugs to clients in accordance with applicable State and Federal statutes. Counseling and advising clients consistent with the rules, limitations and privileges incident to the pharmacist-patient relationship.
- 4.2.2.5 Alert administration of any suspected miss-use of funds.
- 4.2.2.6 Maintain all records for a minimum of 5 years from the date of service.
- 4.2.2.7 Keep a monthly checklist log of night and emergency cart medications and replacing any expired medications in both the Greensboro and High Point sites.
- 4.2.2.8 Charge pharmacy clients based on the fee scale information provided on the prescription. If no information is on the prescription, pharmacy staff will charge the client at 100% of the approved fee scale.

4.2.3 **Administrative staff:** It is the responsibility of the administrative staff to ensure that adequate dollars are available to purchase covered drugs.

### 4.3 Fees

4.3.1 **STD Medications:**

- 4.3.1.1 ~~State supplied~~ All STD medications are purchased at 340B pricing and may or may not be on the state formulary.
- 4.3.1.2 All STD medications that are on the state formulary are free for the clients. Appendix 5.1 provides a list of these medications. Note: Acyclovir and Valacyclovir are only on the state Formulary for the first four months of therapy. After 4 months they are Non-Formulary (Rationale for not billing: Do not want patient receiving EOB)
- 4.3.1.3 STS medications NOT on the State Formulary are charged at 100% of the sliding fee scale. (Rationale for billing at 100% of the sliding fee scale: eligibility is not conducted for individuals scheduled for STD clinic appointments and medications are not on State formulary).

4.3.2 **FP Medications:**

- 4.3.2.1 All FP Medications are purchased at 340B pricing and are billed as follows:
  - 4.3.2.1.1 Medicaid – billed at acquisition cost
  - 4.3.2.1.2 All others – billed at customary rate with sliding fee scales applied. Appendix 5.2 provided information on how the rates are determined and sliding scale are applied.

4.3.3 **Maternity Medications:**

- 4.3.3.1 Maternity medications are purchased at Minnesota Multi state contract pricing.

|                                                   |                                                                                |                                |                               |                                              |  |
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| In-house Pharmacy Services                        | C-1                                                                            | 3/1/2013                       | 4/2016                        |                                              |  |
|                                                   | PREPARED BY:<br>Allied Health, Clinic<br>Program Manager &<br>Pharmacy Manager | APPROVED BY:<br>Executive Team | DATE LAST REVIEWED:<br>4/2016 |                                              |  |

4.3.3.2 Maternity medications (including Medicaid) are billed at customary rate with sliding fee scale applied. Appendix 5.2 provides information on how the rates are determined and sliding scale are applied.

4.3.4 TB Medications:

4.3.4.1 TB Medications are supplied by the State and are free.

5 **Appendix/Appendices:**

5.1 Medications Provided by Pharmacy Services

5.2 Pharmacy Sliding Fee Scale

|                                                                                            |                                                                     |                                            |                                                               |                    |
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| <b>GUILFORD COUNTY<br/>DEPARTMENT OF HEALTH AND<br/>HUMAN SERVICES - PUBLIC<br/>HEALTH</b> |                                                                     | <b>GUIDELINE<br/>PROCEDURE</b>             | <b>MANUAL:</b> Agency<br><b>SUBJECT:</b> Communicable Disease |                    |
| <b>NAME OF GUIDELINE</b><br><br>Rabies Post-Exposure<br>Assessment and Referral            | <b>NUMBER</b><br><br>J-12                                           | <b>EFFECTIVE DATE</b><br><br>10/02         | <b>REVISION</b><br><br>02/2016                                | <b>PAGE 1 of 5</b> |
|                                                                                            | <b>PREPARED BY:</b><br><br>Communicable Disease<br>Nurse Consultant | <b>APPROVED BY:</b><br><br>Board of Health | <b>DATE LAST REVIEWED:</b><br><br>5/16                        |                    |

## 1.0 Guideline:

The Guilford County Department of Health and Human Services - Public Health will serve as a consultant to the medical/health-care community and the citizens of Guilford County in evaluating the situation and in making recommendations for any known or potential exposure to the rabies virus. The goal of the Division of Public Health along with Animal Control of Guilford County is to educate and prevent the exposure of rabies and to prevent disease transmission (How to Prevent Exposure of Rabies: [http://epi.publichealth.nc.gov/cd/lhds/manuals/rabies/docs/public\\_info\\_rabies\\_prevent.pdf](http://epi.publichealth.nc.gov/cd/lhds/manuals/rabies/docs/public_info_rabies_prevent.pdf)).

## 2.0 Divisions Affected:

All

## 3.0 Definitions:

3.1 Rabies: Viral infection transmitted in the saliva of infected mammals.

3.2 Rabies Exposure: Any bite, scratch or other situation in which saliva or nervous system (CNS) tissue or cerebral spinal fluid (CSF) of a potentially rabid animal enters an open wound.

3.3 Bite: Penetration of the skin by a tooth.

3.4 Non-Bite: Introduction of saliva or neurological tissue from a rabid or potentially rabid animal into an open wound or in contact with a mucous membrane (e.g. eyes, nose, mouth).

3.5 Post-Exposure Incident: A situation that involves a known or possible exposure to the rabies virus via -the introduction of saliva through breaks in skin or contact with mucous membranes

3.6 High-Risk Exposure: Any exposure with the likelihood of contact with contaminated secretions of an animal suspected of being infected with the rabies virus.

3.7 Provoked Bite: A person creates a situation that could be expected to result in an animal bite, such as bothering an animal during feeding or breaking up a fight.

3.8 Unprovoked Bite: An animal bites a person for no apparent reason. The animal initiates the attack with or without warning.

3.9 Animal Control: Enforces N.C. statutes, rules and local ordinances that pertain to public health rabies prevention and control, animal control and animal bites, under the direction of the local health director per state law.

3.10 Local Emergency Department (ED): Will provide bite treatment, rabies risk assessments, human tetanus and rabies post-exposure prophylaxis and other indicated intervention to people who have been exposed or potentially exposed to rabies. Local EDs are: Moses Cone System (includes Wesley Long Hospital) or UNC High Point Regional Emergency Departments.

3.11 Vaccination History: Refers to the animal's vaccination history.

|                                                                                  |                                                              |                                     |                                 |                                                 |  |
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| Rabies Post-Exposure<br>Assessment and Referral                                  | J-12                                                         | 10/02                               | 02/2016                         |                                                 |  |
|                                                                                  | PREPARED BY:<br><br>Communicable Disease<br>Nurse Consultant | APPROVED BY:<br><br>Board of Health | DATE LAST REVIEWED:<br><br>5/16 |                                                 |  |

- 3.12 Post-Exposure Rabies Prophylaxis: Specific treatment of rabies vaccine and/or rabies immune globulin as determined by the specific situation and according to any history of the individual receiving prior rabies vaccination
- 3.13 Sacrifice: Euthanizing the animal for purposes of rabies testing at the State Public Health Laboratory (N.C. General Statute 130A-199)
- 3.14 Confinement: Securing the animal for the purposes of protecting individuals from potential rabies exposure and for observation by the veterinarian for symptoms of rabies. The Health Director of Guilford County (The role of the county Health director is governed by GS 130A-41.b.10 [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter 130A/GS 130A-41.html](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter%20130A/GS_130A-41.html)) has designated that "home confinement" of the animal is not an option for consideration, if the animal is domestic-owned.
- 3.15 Casual Contact with Bat: Touching and/or picking up a bat without wearing gloves or any other personal protective equipment.

#### 4.0 Procedure:

- 4.1 Guilford County Public Health Division may provide pre-exposure rabies vaccine:
- People in frequent-risk groups, such as veterinarians and their staff, animal handlers (animal control officers, Wildlife workers, animal shelter workers, zoo workers), rabies researchers, laboratory workers (who work with rabies virus), cavers/spelunkers
  - Other people whose activities bring them into frequent contact with rabies virus or potentially rabid bats, raccoons, skunks, cats, dogs or other species at risk for having rabies
  - Some international travelers and missionaries might be candidates for pre-exposure vaccination if they are likely to come in contact with animals in areas where dogs or other animal rabies is enzootic and immediate access to appropriate medical care, including rabies vaccine and immune globulin, might be limited.
  - NOTE:** Routine pre-exposure prophylaxis is not recommended for the general population or for routine travelers to areas where rabies is not enzootic.
- 4.2 Communicable Disease Nurse receives notification from Animal control, local hospital/physician, or Guilford County citizen with 24 hours of incident with human exposure or potential exposure to a rabid animal. CD Nurse will initiate the investigation:
- 4.2.1 Collect risk assessment information via Rabies Data sheet (Appendix 5.4):
- Name, date of birth, date and details of incident
  - What species of animal caused the bite or scratch?
  - What were the circumstances surrounding the bite (provoked or unprovoked)?
  - Is the animal in custody or otherwise available for rabies evaluation?
  - If the animal belonged to the client/patient, what is the animal's recent vaccination history?
  - Provide advice on local treatment of wound(s). refer to local ED/Urgent Care or private medical physician if needed
  - Determine risk and need for post-exposure Rabies prophylaxis

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| Rabies Post-Exposure<br>Assessment and Referral                                            | J-12                                                                | 10/02                                      | 02/2016                                                       |                    |
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4.3 Determining whether the situation is high risk or low risk.

a. High Risk:

1. Call Animal Control to report the bite/incident (if a report has not been received). The citizen will be responsible for following through with a self-referral to the hospital emergency department for treatment and or PEP. (Refer to Appendix 5.1)
2. The animal will be isolate and observed, if it can be found (see Appendix 5.3). If the animal dies within ten (10) days of isolation and observation, packing, handling, and submitting of the specimen to the State Lab is the responsibility of Guilford County Animal Control (refer to NC State Lab of Public Health for testing criteria at <http://slph.state.nc.us/virology-serology/rabies.asp> see Appendix 5.3).
3. If the biting animal is a vaccinated dog, cat, or ferret that appears normal, the risk of exposure to the rabies virus is low. (Algorithm for rabies risk assessment of domestic animal bites: [http://epi.publichealth.nc.gov/cd/lhds/manuals/rabies/docs/algorithm\\_human\\_domestic.pdf](http://epi.publichealth.nc.gov/cd/lhds/manuals/rabies/docs/algorithm_human_domestic.pdf)).
4. It is recommended that bats found in the room with a sleeping or unconscious person should be tested for rabies. Bats should also be tested for rabies if they have been in a room with an adult or child who is incapable of stating with certainty that no contact with the bat occurred. These recommendations are without regard of a demonstrated bite. If the bat cannot be tested for rabies, the need for post-exposure rabies prophylaxis is to be recommended. It is possible that even incidental contact with the mouth of a bat may transmit rabies. Therefore, if there is even casual contact with a bat, it should be tested for rabies. If the bat cannot be tested for rabies, recommend post-exposure rabies prophylaxis (Algorithm for rabies risk assessment of bats and wild animal bites: [http://epi.publichealth.nc.gov/cd/lhds/manuals/rabies/docs/algorithm\\_human\\_wild.pdf](http://epi.publichealth.nc.gov/cd/lhds/manuals/rabies/docs/algorithm_human_wild.pdf)).
5. Confine, if the animal's vaccination history is up to date, and observe the animal for symptoms for ten days. If the animal is symptomatic, sacrifice the animal. The decision to initiate treatment is dependent upon the individual circumstances of each case as determined by the CD Nurse and/or physician. If the client/patient is being seen by a private physician, the physician is to refer to one of the local hospital Emergency Department for administration of post-exposure prophylaxis. (Refer to appendix 5.3)
6. Confine the animal if the vaccination is not up to date. The decision on whether to initiate treatment is dependent upon the individual circumstances of each case as determined by the CD Nurse and/or physician. If the client/patients is being seen by a private physician, the physician is to refer to one of the local hospital Emergency department for administration of posy-exposure prophylaxis.
7. Treat the client according to post-exposure immunization guidelines, if the animal is positive for rabies (see Appendix 5.3).
8. If rabies test results are negative, do not treat the client and discontinue any treatment that may have been previously been started.
9. If unable to find the animal, treat the client (see Appendix 5.3).

b. Low Risk:

Recommend no prophylaxis treatment. However, the private physician is responsible for the final decision on whether to give prophylaxis treatment. If the citizen has no private physician and desires further consultation, refer to a local urgent center or hospital emergency department.

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4.4 Advise and provide information to the physician and/or citizen/client/patient on:

- a. Criteria for post-exposure prophylaxis and how/where to obtain the post-exposure rabies vaccine and /or human rabies immune globulin (HRIG). (See Appendix 5.3)
- b. Dosage and scheduling of post-exposure prophylaxis (PEP) (see Appendix 5.3).

| Exposures to rabies warrant immediate wound care and administration of rabies post-exposure prophylaxis. It is important to note that not all exposures to rabies cause visible wounds. Day → | 0                                                              | 3                           | 7                           | 14                          | 28               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|------------------|
| <b>PEP for previously Unvaccinated Persons</b>                                                                                                                                                | 1.0 ml vaccine IM (deltoid) & 20 IU/kg HRIG*                   | 1.0 ml vaccine IM (deltoid) | 1.0 ml vaccine IM (deltoid) | 1.0 ml vaccine IM (deltoid) | No vaccine given |
| <b>PEP for Previously Vaccinated Persons</b>                                                                                                                                                  | 1.0 ml vaccine IM (deltoid)<br><u>HRIG is NOT administered</u> | 1.0 ml vaccine IM (deltoid) | No vaccine given            | No vaccine given            | No vaccine given |

**Note:** Day 0 is the day PEP is initiated and may not be the day of actual exposure

- c. Option for further expert consultation with the N. C. Public Health Veterinarian, N. C. Department of Health and Human Services, Division of Public Health at 919-733-3419 (Appendix 5.3).
- d. Process to follow if no financial means to cover cost of prophylaxis treatment:
  1. Refer to hospital emergency department billing office.
  2. Refer to rabies vaccine manufacturer's vaccine assistance programs at:
    - a. **Sanofi Pasteur's Patient Assistance Program (providing Imogam® RabiesHT and Imovax®IM)** An application form and information about the program can be found at : [www.needymeds.org/papforms/sanofi0312.pdf](http://www.needymeds.org/papforms/sanofi0312.pdf) (PDF: 116KB/3 pages) or by telephone at 1-866-801-5655.
    - b. **Novartis Pharmaceuticals Patient Assistance Program** (providing RabAvert®) is available at: <https://www.rxhope.com/PAP/info/PAPInfo.aspx> or by telephone at 1-800-589-0837
    - c. **RabAvert Patient Assistance Program**  
<https://www.novartisvaxxinesdirect.com/Reimbursement/RavAvert/RavAvertPatientAssistanceProgram>
    - d Other PAP's include [www.rxassist.org](http://www.rxassist.org), [www.patientassistance.com](http://www.patientassistance.com).
  3. Call N.C. Public Health Veterinarian Office for possible assistance (Request for Free State-Supplies Rabies Vaccine, Affidavit for Indigent Status form  
<http://epi.publichealth.nc.gov/ce/rabies/docs/AffidavitFreePep.pdf> (Appendix 5.3)
- e. Give information about rabies vaccine and/or rabies immune globulin ([www.cdc.gov/vaccine/pubs/vis/default.htm#rabies](http://www.cdc.gov/vaccine/pubs/vis/default.htm#rabies)) (Appendix 5.3)

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4.5 For questions specific to the capturing and confining of the suspect animal, refer to the following:

- a. Greensboro: Guilford County Animal Control, Monday – Saturday, 9am – 5 pm at 336 641-5990. Residents need to call 911 after hours and the dispatcher will determine who to notify.
- b. High Point: call the High Point Police Department

4.6 Healthcare providers, physicians (and other HCPs under their direction, including physician assistants and nurse practitioners) who attend a person bitten by an animal known to be a potential carrier of rabies shall report within 24 hours to the local health director the name, age and sex of that person (N.C. General Statute 130A-196)

4.7 While human rabies cases are extremely rare, North Carolina law requires them to be reported to the Communicable Disease Branch within 24 hours of diagnosis. The branch will then consult with the CDC on diagnosis, treatment and control issues.

## 5.0 Appendix/Appendices:

- 5.1 [N.C. General Statute 130A – 199](#)
- 5.2 North Carolina Rabies Public Health Manual  
<http://epi.publichealth.nc.gov/cd/lhds/manuals/rabies/toc.html>
- 5.3 [Rabies Post-Exposure Data Sheet](#)
- 5.4 [N.C. General Statute 130A – 196](#)
- 5.5 [Rabies Fact Sheet and General Rabies Questions](#)

### Reference:

**2013 Rabies Public Health Program Manual**

<http://epi.publichealth.nc.gov/cd/lhds/manuals/rabies/toc.html>

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[http://epi.publichealth.nc.gov/cd/lhds/manuals/rabies/docs/toc\\_detailed.pdf](http://epi.publichealth.nc.gov/cd/lhds/manuals/rabies/docs/toc_detailed.pdf).

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| Vaccine Disaster Recovery Plan                                                             | <b>PREPARED BY:</b><br><br>Immunization Program | <b>APPROVED BY:</b><br><br>Board of Health | <b>DATE LAST REVIEWED:</b><br><br>05/2016       |                    |

#### 1.0 **Guideline:**

All designated clinic, pharmacy and immunization staff are responsible for maintaining proper storage conditions for the vaccines kept at their site location. This includes responding to temperature and electrical outage alarms, transporting vaccines properly, and following correct procedures to evaluate vaccine efficacy if there are any temporary storage errors.

#### 2.0 **Programs/Divisions Affected:**

- 2.1 Pharmacy (Greensboro and High Point locations)
- 2.2 Clinical Services (Greensboro and High Point locations)

#### 3.0 **Definitions:**

- 3.1 "Pink Book"—Epidemiological and Prevention of Vaccine Preventable Diseases, 12<sup>th</sup> Edition; 2012. The resource guide for clinic reference which contains information specific to disease and the vaccine that prevents that disease as well as information on dosing information, Routes of Administration, Side Effects, Contraindications, Vaccine Type, expiration Date, Storage and Handling, and other Miscellaneous Information.
- 3.2 Storage Conditions - The temperature range that is recommended by the vaccine manufacturer and CDC for proper storage of a specific vaccine. Maintenance of correct temperature range is critical to ensure vaccine efficacy.
- 3.3 Refrigerator Alarm - The multi-site, multi-functional system that has been installed on specific health department vaccine refrigerators/freezers that store large quantities of vaccine (High Point room 222-A; Wendover room 243; Maple St. room 368). The power source and temperature of these vaccine refrigerators/freezers are monitored 24 hours a day by a central security agency (Sentry Watch, Inc.). Should a power loss or a deviation in the pre-determined temperature range occur, the security company will notify the person assigned to the site so that the vaccines can be moved to another storage location.
- 3.4 Storage and Handling Guide – Information resource from the Centers for Disease Control (CDC) that provides guidance as to proper and mandated vaccine storage and handling (~~Nov 2012~~ May 2014).

#### 4.0 **Procedure:**

- 4.1 The Guilford County Department of Health and Human Services – Public Health Division (GCDHHS-PH) staff member that is contacted by the security agency is responsible for evaluating the situation and taking any action necessary to safeguard the potency of all vaccines. This may include moving the vaccines to another vaccine storage unit or to another storage location.
- 4.2 The staff member that is contacted by the security company or discovers a problem in the operation of a designated vaccine refrigerator/freezer during regular working hours should notify the Vaccine Inventory Administrator and the Clinical Nurse Manager responsible for that site.
- 4.3. The staff member that is contacted by the security company after hours should follow the procedure outlined below:
  - 1. Verify the alarm call by calling Sentry Watch, Inc. at 292-6468. Ask them to call again in 5 minutes to determine if the system has re-set. If you do not receive a call-back after 5 minutes, call Sentry Watch. You

|                                                                                  |                                          |                                     |                                    |                                   |  |
|----------------------------------------------------------------------------------|------------------------------------------|-------------------------------------|------------------------------------|-----------------------------------|--|
| GUILFORD COUNTY<br>DEPARTMENT OF HEALTH AND<br>HUMAN SERVICES - PUBLIC<br>HEALTH |                                          | GUIDELINE<br>PROCEDURE              |                                    | MANUAL: Agency<br>SUBJECT: Safety |  |
| NAME OF GUIDELINE<br><br>Vaccine Disaster Recovery Plan                          | NUMBER:<br>L-4                           | EFFECTIVE DATE:<br>03/01/95         | REVISION:<br>05/2016               | PAGE 2 of 3                       |  |
|                                                                                  | PREPARED BY:<br><br>Immunization Program | APPROVED BY:<br><br>Board of Health | DATE LAST REVIEWED:<br><br>05/2016 |                                   |  |

may be asked to state your identification number.

2. If it is necessary to get into a county building after hours you must notify County Security by calling # 641-3395. Explain to them that you must go and move vaccine and need access to the specific site. Be prepared to give them your name and the time you will meet them.
  3. Take your county badge for identification.
  4. Remain with the officer while at the site.
  5. Prepare to move the vaccine if necessary (power outage or temp. out of the range posted on the vaccine refrigerator/freezer door). Label and place vaccine in storage bags.
  6. Vaccine must be moved in coolers with ice. Coolers are generally kept in the same location as the vaccine storage units. Reusable ice packs are kept in the freezer sections at all sites. Move as quickly as possible to another storage unit. Varicella, MMR, and Zostavax and Proquad must be packed separately with ice placed on all sides then moved to another freezer. Call Moses Cone Hospital pharmacy (832-8106) or Wesley Long Hospital pharmacy (832-0550 if Moses Cone is unable to store a large quantity) and ask for assistance to store our vaccines. Call Kindred Hospital Pharmacy (278-2800/271-2946) if neither of the other hospitals is able to store health department vaccine. Call UNC High Point Regional Hospital (878-6048) to ask to store High Point location vaccines. Moses Cone, Wesley Long, Kindred Hospital and UNC High Point Regional Hospitals have agreed to temporarily store our vaccines in the event of an emergency. If you encounter problems, contact the GCDHHS-PH Clinical Nurse Manager or the GCDHHS-PH Pharmacy Manager.
- 4.4 The staff member who discovers a temporary storage problem should document the refrigerator or freezer temperature at the time, the approximate time the temperature was out of the recommended range, evacuation of vaccine and other actions taken on the Vaccine Storage Troubleshooting Record. Consultation with the Clinical Nurse Manager and the State Immunization Branch must follow to determine whether or not the vaccines can be administered or must be wasted. Also review the vaccine specific information in the CDC Vaccine Storage & Handling Guide Nov-2012 May 2014.
  - 4.5 When the storage problem is resolved, if it is determined that the vaccine's potency has not been compromised, the designated contact will return the vaccine to its original site and location.
  - 4.6 Wasted state-supplied vaccines must be returned to NCIP by the Vaccine Inventory Administrator with a Wasted/Expired Vaccine Report (generated via the North Carolina Immunization Registry). State-supplied vaccine are to be returned to the State's vaccine vendor, McKesson. Wasted fee (county purchased) vaccines must be returned to the health department site's pharmacy to be returned to the manufacturer.
  - 4.7 If necessary, designated staff will complete an incident report for the wasted vaccines. The report will include a plan of action to correct the storage problem/error and will be forwarded to the Clinic Nurse Manager then to the Clinic Program Manager and if necessary to the Health Director.

## 5.0 Appendix/Appendices:

### 5.1 [Vaccine Alarm Responder List](#)

|                                                                                            |                                                 |                                            |                                                 |                    |
|--------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------|-------------------------------------------------|--------------------|
| <b>GUILFORD COUNTY<br/>DEPARTMENT OF HEALTH AND<br/>HUMAN SERVICES - PUBLIC<br/>HEALTH</b> |                                                 | <b>GUIDELINE<br/>PROCEDURE</b>             | <b>MANUAL:</b> Agency<br><b>SUBJECT:</b> Safety |                    |
| <b>NAME OF GUIDELINE</b><br><br>Vaccine Disaster Recovery Plan                             | <b>NUMBER:</b><br>L-4                           | <b>EFFECTIVE DATE:</b><br>03/01/95         | <b>REVISION:</b><br>05/2016                     | <b>PAGE 3 of 3</b> |
|                                                                                            | <b>PREPARED BY:</b><br><br>Immunization Program | <b>APPROVED BY:</b><br><br>Board of Health | <b>DATE LAST REVIEWED:</b><br><br>05/2016       |                    |

5.2     [Vaccine Storage Troubleshooting Record](#)

5.3     [Wasted/Expired Vaccine Report](#)